Increasing breastfeeding rates is a national priority due to the well-documented health and economic benefits for families and society.

Unfortunately, while 83 percent of mothers start out breastfeeding in the US, only 25 percent meet clinical guidelines for breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for approximately six months after birth. Beyond the first six months, the AAP supports continued breastfeeding, along with appropriate complementary foods, for as long as mutually desired by mother and child for two years or more.

While breastfeeding rates have been growing steadily, there are significant gaps across racial, ethnic, and socioeconomic lines. The Surgeon General’s Call to Action to Support Breastfeeding outlines several key barriers women face when breastfeeding. The report indicates that successful breastfeeding initiation depends on experiences in the hospital and access to lactation instruction from breastfeeding experts, particularly in the postpartum period.

The Affordable Care Act (ACA) of 2010 was the first national legislation to increase access to breastfeeding supplies, counseling, and support among insured parents. Subsequent amendments to the ACA have created additional requirements to improve such access that apply to most private healthcare insurance plans and non-grandfathered plans. Unfortunately, the details of the law are vague, which has created loopholes for insurance payers. While the law has expanded access to support, there is still incomplete and inconsistent lactation coverage for many families, especially for care outside the hospital.
Despite the ACA’s requirement to provide “comprehensive lactation support,” many insurance companies have not established networks of lactation providers.\(^7\)

In these instances, the plan typically refers parents to their obstetrician or the child’s pediatrician. Unfortunately, these providers typically cannot offer the same specialized care or time to effectively counsel with more complex breastfeeding issues as an International Board Certified Lactation Consultant (IBCLC) can. IBCLCs are the highest accredited healthcare professionals specializing in lactation. IBCLCs are the only clinical experts with the breadth of training and knowledge to address the most complex lactation issues.\(^8\) In the case of hospital-based lactation consultants, hospital policy often restricts these providers to in-patient clients, which means parents cannot access these health professionals once they are discharged from the hospital.

The lack of a provider network for lactation counseling means that families must turn to out-of-network providers to get help with breastfeeding. Out-of-network providers are harder to find because IBCLCs are not listed on health plans out of network directories, so parents must rely on other means, such as internet searches or word of mouth. To work with out-of-network providers, families pay out-of-pocket for consultations and submit out-of-network claims with no reimbursement guarantee. These practices effectively shift more costs to families. Some parents—especially those with limited income or who may be taking unpaid family leave—cannot afford the cost of lactation counseling and will not get the care they need.
Federal guidance allows parents to obtain vital preventive services, including breastfeeding benefits, through out-of-network providers, at no cost-sharing when the plan does not maintain a network of appropriate providers. However, each insurance payer has set policies defining what billing codes will or will not be paid, leading to confusion and leaving providers and families to navigate superbill reimbursement. This means that even families who do find care out of network are left with denied claims or partial reimbursement, discouraging follow-up care.

The ACA’s recognition of breastfeeding benefits is a huge step forward. It can remove the cost barriers associated with breastfeeding support and equipment and give families the tools they need to breastfeed for as long as they want. However, because insurance payers have failed to provide this coverage, parents are not getting lactation care benefits as required by the ACA.

As an employer, not supporting your families through their feeding journey may be costly to your bottom line.

To replace a highly skilled employee can cost between six to nine months of that employee’s annual salary. Productivity is also affected; absences to care for sick children occur more than twice as often for parents of formula-feeding infants compared to breastfeeding infants. Today, employees are actively seeking companies that support the challenges of work-family balance—for employers, providing a lactation program is a simple but powerful strategy to create a healthier and happier workforce.
At The Lactation Network (TLN), we believe that lactation care is a human right and that all parents should have access to the vital resources they need to care for themselves and their babies. TLN works directly with employers to connect employees and their dependents to crucial care whenever and wherever they need it. With the largest network of International Board Certified Lactation Consultants (IBCLCs) in the country, we can provide in-person care to parents in all 50 states. TLN has a wide variety of breast pumps and can help parents choose the one that best fits their lifestyle and insurance plan. And we educate and advocate on behalf of parents and IBCLCs—because every caregiver deserves to thrive.

Our comprehensive lactation benefit program helps employers attract and retain talent, improve employee satisfaction, promote an inclusive environment, and lower healthcare costs.

To learn more about how our Newborn Families lactation benefit program can expand your company’s commitment to working families, visit our Newborn Families page.
Sources


17. 2021 TLN Survey.